Obesity Facts: Weight Status In Alaska

WHY BE CONCERNED ABOUT OVERWEIGHT AND OBESITY?

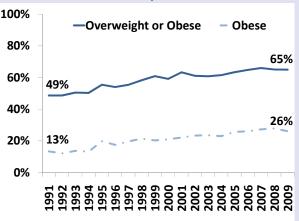
- Obesity-related direct medical costs in Alaska are estimated at \$477 million annually.¹
- Obesity is predicted to overtake tobacco as the leading cause of death and the driver of unsustainable health care costs.²
- Overweight and obese youth are at risk of:³
 - o Type 2 diabetes
 - High blood pressure and high cholesterol
 - Social stigmatization and discrimination
- Obese youth get poorer grades and have more absences compared to their peers.³
- Overweight and obese children are more likely to become obese adults.³
- In addition to the same health risks children face, overweight and obese adults are at risk for:³
 - Heart disease and stroke
 - Osteoarthritis
 - o Sleep apnea
 - o Certain cancers
 - o Premature death

estimate risk of weight-related health problems, and is calculated using height and weight. Classifications of *underweight*, *normal weight*, *overweight*, and *obese* are determined by BMI cut-offs for adults. (See: www.cdc.gov/healthyweight/assessing for more information on the use of BMI to assess weight status.)

Because children and adolescents are still growing, weight status must be determined by referencing age- and sex-specific growth charts. (See: nccd.cdc.gov/dnpabmi/ for calculator.)

ADULT WEIGHT STATUS

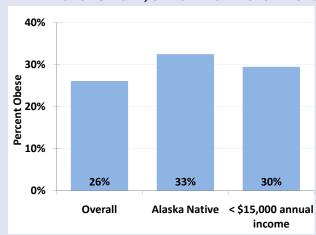
Trend in Prevalence of Overweight and Obesity, Alaska Adults, 1991-2009



SOURCE: ALASKA BRFSS (STANDARD AND SUPPLEMENTAL SURVEYS)

Adult obesity prevalence has doubled over the past 2 decades; overweight has stayed consistently between 35 and 41%.

PREVALENCE OF OBESITY, SELECT ADULT POPULATIONS



Source: Alaska BRFSS 2009 (Standard and Supplemental Surveys)

- Alaska Natives and those with little income are more likely to be obese.
- There are no significant differences in obesity prevalence by sex, education level, or region of the state.

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YOUTH WEIGHT STATUS

- 26% of Alaska high school students are classified as either overweight or obese.
- Objectively measured (versus self-reported) height and weight data reveal an even larger problem:
 - Anchorage School District records indicate levels of overweight and obesity among K 12th grade students each at 18%, meaning nearly 40% students (or 12 in every class of 30 students) are above a normal weight.⁴

What Can <u>Alaskan Schools, Worksites & Communities Do?</u>

- Schools: Restrict availability, portion size and marketing of less healthy food and beverages; provide all children with quality PE.⁵
- **Worksites:** Provide programs for employees that improve diet and physical activity behaviors. 6
- Communities: Establish community coalitions to promote environmental and policy changes for active and healthy living.⁵

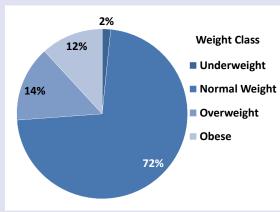
What Can Health Care Providers Do?

- Assess all children for obesity risk at least annually.⁷
- Provide obesity prevention messages and suggest weight control interventions.⁷

What Can Individuals Do?

Reduce consumption of sodas and juices with added sugars; eat more fruits, vegetables, whole grains, and lean proteins; choose water and lowfat or non-fat dairy products; limit television time to no more than 2 hours per day; and be more physically active.³

WEIGHT STATUS, ALASKA HIGH SCHOOL STUDENTS



SOURCE: ALASKA YRBS, 2009

ALASKANS SAY THE SOLUTION DOES NOT REST SOLEY ON THE INDIVIDUAL

Alaskan adults reported that the government (57%), the food industry (75%), schools (75%), and doctors (85%) have some or a lot of responsibility for addressing obesity. Parents (96%) and individuals (95%) are also responsible.

Source: Alaska BRFSS, 2009



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http://www.hss.state.ak.us/dph/chronic/obesity



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